CONSENT FOR TREATMENT

**Treatment Consent**

***I agree to take an active part in my therapy, to discuss a treatment plan with my therapist, and to take an active role in participation in therapy. I consent to therapy treatment by Rebecca Collins, LISW-S.***

***Signature of client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Confidentiality**

Everything that takes place in psychotherapy is confidential, and may not be released without your written permission. There are two exceptions to this: if you become actively suicidal or are thinking of hurting someone else. Additionally, I am a mandated reported of abuse. If it is discussed in therapy that you are involved in or aware of child or elder abuse, or abuse of a disabled person, I am legally bound to protect you and the other parties, and report the abuse. In an event such as this, confidentiality may no longer applies.

If you have insurance that uses managed care, treatment information may be released to them in order for your insurance to pay for services rendered to you. We may ask you to sign a release of information form so that we may communicate with your other doctors, previous therapists, or family members.

***I agree to the confidentiality policies of Rebecca Collins, LISW-S. I understand that confidentiality is my right as a client, and I also understand and agree to the limits of confidentiality.***

***Signature of client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**COMMUNICATION**

**Email communication**

My email is not encrypted and therefore, not confidential. Please use email for scheduling and non-therapeutic purposes only.

**Telephone communication**

My office telephone is a land line phone and I can not receive texts. Please do not text me. You may call and leave a message and I will get back with you as soon as possible. In the event of a mental health emergency, please call 911 or Netcare at 276-2273. I am not available for emergency treatment. If you have an urgent need to talk to me that is not an emergency, please leave me a message and I will respond as soon as possible.

***I agree to and will adhere to these communication guidelines.***

***Signature of client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***